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HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| PART I LOBBYIST | | | |
|---|---------|------------|-----------|
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| O'Day | Linda | L. | 523-6361 |
| MAILING ADDRESS (Street) | | | FAX |
| 567 South King Street, Hale Mauka, Ste. 400 | | | 523-6365 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Kamehameha Schools | | | 523-6200 |
| MAILING ADDRESS (Street) | | | FAX |
| 567 South King Street, Hale Mauka, Ste. 200 | | | 523-6365 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |

| PART II ORGANIZATION | |
|--|-----------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | TELEPHONE |
| Kamehameha Schools | 523-6200 |
| MAILING ADDRESS (Street) | FAX |
| 567 South King Street, Ste. 200 | 541-5305 |
| (City) | (State) |
| Honolulu | Hawaii |
| (Zip Code) | |
| 96813 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE |
| Kendall K. Paulsen - Director Community Relations | 523-6369 |
| MAILING ADDRESS (Street) | FAX |
| 567 South King Street, Hale Mauka, Ste. 400 | 541-5305 |
| (City) | (State) |
| Honolulu | Hawaii |
| (Zip Code) | |
| 96813 | |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | | | | | |
|---|--|----|---------------------------------|----|--|-------------------------|--|
| XX | Agriculture | XX | Education | XX | Human Services | XX | Science, Technology & Economic Development |
| XX | Communications & Public Utilities | | Government Operations & Finance | | Intergovernmental Relations, International Affairs | XX | Tourism & Recreation |
| XX | Consumer Protection & Commerce | XX | Hawaiian Affairs | XX | Labor & Employment | XX | Transportation |
| XX | Culture, Arts, Historic Preservation | XX | Health | XX | Planning, Land & Water Use Management | Other: (indicate below) | |
| XX | Ecology, Energy Environmental Protection | XX | Housing | XX | Public Safety & Corrections | | |

| PART IV CERTIFICATION OF LOBBYIST | |
|--|--------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | |
| _____ | _____ |
| (Signature of Lobbyist) | (Date) |

| PART V AUTHORIZATION TO LOBBY | | | |
|--|---------|--|--|
| NAME | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | |
| Kendall K. Paulsen | | Director - Community Relations | |
| NAME OF ORGANIZATION (if applicable) | | TELEPHONE | |
| Kamehameha Schools | | 523-6369 | |
| MAILING ADDRESS (Street) | | FAX | |
| 567 South King Street, Ste. 400 | | 541-5305 | |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | | |
| _____ | | 1/22/07 | |
| (Signature of Authorizing Officer or Person Represented) | | (Date) | |